

State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/29/2006
Business ID: 530030
William M. Gardner
Secretary of State

Advanced Security Services, Inc. ADDRESS OF PRINCIPAL OFFICE:				
95 Plaistow Road				
Plaistow, NH 03865			95 Plaistow Road	
			Plaistow, NH 03865	
	ENTITY TYPE: CORPORATION] 1	REGISTERED AGENT AND OFFICE:	
	BUSINESS ID: 530030		REGISTERED AGENT AND OFFICE.	
. 19	STATE OF DOMICILE: NEW HAMPSHIRE		Marino, Mark A.	
	FEDERALID: 202322314		95 PLAISTOW ROAD	
•	Supply security services		PLAISTOW, NH 03865	
L_				
	If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.			
2	The grant was the saddense			
4	The new principal office address			
Ì	PO Box is acceptable.			
<u> </u>				
	OFFICERS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).	NAMFA	BOARD OF DIRECTORS ND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).	
	(MUST LIST AT LEAST ONE OFFICER BELOW) A (MUST LIST AT LEAST ONE DIFFICER BELOW)			
	NAME MARK H. WHK LAO NAME LITTLE TO LAND			
	STREET 62 CHVIL MILL KD STREET 62 CHVIL MILL KD			
	CITY/STATE/ZIP FREMONT, NH 03044 CITY/STATE/ZIP FREMONT, NH 03044			
	NAME PAULA F. MARINO NAME PAULA F. MARINO			
3	TREET 62 CAVIL MILL RD STREET 62 CAVIL MILL RD			
	CITY/STATE/ZIP FREMONT NH 03044 CITY/STATE/ZIP FREMONT NH 03044			
	NAME	NAME		
	REET STREET			
1. v.	CITY/STATE/ZIP NAME	CITY/STA NAME	1 E/ZIP	
	REET STREET			
	TY/STATE/ZIP CITY/STATE/ZIP			
	NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED			
	To be signed by an officer, director, or any other person authorized by the board of directors. I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.			
er grid Guerra				
4				
	Sign here:	n		
	Please print name and title of signer: MARK A. MARINO , PRESIDENT			
NAMÉ TITLE				
	FEE DUE: \$100.00 E-MAIL ADDRESS	(OPTIONAL	L):	

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE RETURN COMPLETED REPORT AND PAYMENT TO: